wic program manual

WIC 210-60.4

SECTION: CERTIFICATION

SUBJECT: Eligibility Requirement

ITEM: Infants/Children: Clinical



Policy

Participants determined eligible for program benefits based on a physical, medical, or social risk, or a nutritional need shall meet one or more of the criteria listed below. All risks apply to infants and children, unless otherwise noted. Children who have not yet reached their third birthday are in Priority III (a). Children who have reached their third birthday are in Priority III [c]. Refer to WPM Section 230-10 for information regarding the priority ranks.

Basis for policy

7 CFR 246.7 (e)

Clinical Criteria

The table below includes the clinical criteria to assess nutritional needs of infants and children. The priority levels are indicated for infants/children, and the ISIS code number and corresponding USDA risk code is provided in the far left column for reference. Please see the "WIC Policy Memorandum 98-9, Revision 1, WIC Nutrition Risk Criteria" for more detail regarding the USDA risk codes.

ISIS CODE AND (USDA CODE)	INDICATOR OF NUTRITIONAL NEED AND DEFINITION	PRIORITY FOR INFANTS	PRIORITY FOR CHILDREN
C51 (359)	Recent Major Surgery or Trauma, severe enough to affect nutritional status:	I	III
	 within past 2 months self-reported, or > 2 months if there is continued need for nutritional support diagnosed by a physician. 		
C52* (352)	Active TB: present within the past 6 months	I	III

ISIS CODE AND (USDA CODE)	INDICATOR OF NUTRITIONAL NEED AND DEFINITION	PRIORITY FOR INFANTS	PRIORITY FOR CHILDREN
C53*	Severe Acute Infections within past 6 months which affect nutritional status.	I	III
(352)	Includes, but not limited to: encephalitis hepatitis pneumonia meningitis parasites.		
C54 (359)	 Recent Burns severe enough to affect nutritional status: within the past 2 months self-reported, or > 2 months if there is continued need for nutritional support diagnosed by a physician. 	I	III
C57 (381)	Severe Dental Problems which impair the ability to ingest food in adequate quantity or quality, including but not limited to: • nursing or baby bottle caries • smooth surface decay of the maxillary anterior and the primary molars • tooth decay • periodontal disease • tooth loss • ineffectively replaced teeth. Note: May use the participant's self reported diagnosis from their physician or adequate documentation by the CPA	I	III

ISIS CODE AND (USDA CODE)	INDICATOR OF NUTRITIONAL NEED AND DEFINITION	PRIORITY FOR INFANTS	PRIORITY FOR CHILDREN
C60*	Drug Exposure in Utero:		
(382, 703)	 Fetal Alcohol Syndrome based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system including mental retardation*, positive toxicology screen or drug withdrawal, or 	I	III
	documentation or self-report of any use of alcohol or illegal drugs during most recent	I	N/A
	pregnancy.	I	N/A
C70*	Central Nervous System (CNS)	Ι	III
	Disorders: conditions which affect		
(348)	energy requirements and may affect the individual's ability to feed self, that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: • epilepsy • cerebral palsy (CP) neural tube defects (NTD), such as spina bifida and myelomeningocele • parkinsons disease • multiple sclerosis • other severe neonatal		
C71*	Down's Syndrome - condition must	I	III
(2.40)	alter nutritional status metabolically,		
(349)	and/or mechanically	-	
C72 (362)	Developmental Delays, Sensory or Motor Delays interfering with the ability to eat and restricting the ability to chew or swallow food, or requiring a tube feeding. Includes, but is not limited to: • mental retardation • birth injury • head trauma • minimal brain function • feeding problems due to developmental delays • brain damage.	I	

ISIS CODE	INDICATOR OF NUTRITIONAL NEED	PRIORITY FOR	PRIORITY FOR
AND	AND DEFINITION	INFANTS	CHILDREN
(USDA CODE)	AND DEFINITION	INFANIS	CIIILDREN
		T	
C73*	Cystic Fibrosis - current condition or	I	III
(260)	treatment for the condition must be		
(360)	severe enough to affect nutritional		
Q=4:	status	*	***
C74*	Congenital Heart Disease - current	I	III
(260)	condition or treatment for the condition		
(360)	must be severe enough to affect		
~	nutritional status	-	
C75*	Congenital GI Disorders - conditions	I	III
(2.42 - 2.40)	which interferes with intake or		
(342, 349)	absorption of nutrients, and alters		
	nutritional status. Includes, but not		
	limited to:		
	• tracheal-esophageal fistula		
	esophageal atresia		
	• gastroschisis		
	intestinal atresia		
	• short bowel syndrome.		
C76*	Congenital Facial Malformation	I	III
	which causes physical abnormality that alters nutritional status (e.g., cleft lip or palate).		
(349)			
C77*	Other Genetic and Congenital	I	III
	Disorder(s) causing physical or		
(349)	metabolic abnormality, which alter		
	nutritional status metabolically and/or		
	mechanically. Includes but not limited		
	to:		
	Down's syndromethalassemia major		
	thalassemia majorsickle cell anemia (not sickle cell trait)		
	muscular dystrophy		
C80*	Gastro-Intestinal Disorders: diseases	I	III
	or conditions that interfere with the		_
(342)	intake or absorption of nutrients.		
	Includes, but not limited to:		
	stomach or intestinal disorders		
	small bowel enterocolitis		
	malabsorption syndrome		
	liver disease		
	gallbladder disease.		
L	- ganoraddor disease.	1	l .

ISIS CODE AND (USDA CODE)	INDICATOR OF NUTRITIONAL NEED AND DEFINITION	PRIORITY FOR INFANTS	PRIORITY FOR CHILDREN
C81* (360)	Cardiovascular Diseases for which condition and/or treatment is severe enough to affect nutritional status (e.g., cardiorespiratory diseases)	I	Ш
C82* (352)	 Immunodeficiency or Chronic Infections - condition severe enough to affect nutritional status. Includes but is not limited to: hepatitis HIV (Human Immunodeficiency Virus infection AIDS (Acquired Immunodeficieny Disease). 	I	III
C83* (347)	Cancer for which condition or treatment severe enough to affect nutritional status	I	III
C84* (345)	Hypertension	I	III
C85*	Diabetes Mellitus: Type 1 or 2	I	III
C86* (346)	Renal (Kidney) Disease - Includes but not limited to: • pyleonephritis, • persistent proteinuria. (excluding urinary tract infections involving the bladder)	I	III

ISIS CODE	INDICATOR OF NUTRITIONAL NEED	PRIORITY	PRIORITY FOR
AND	AND DEFINITION	FOR	CHILDREN
(USDA CODE)		INFANTS	<u> </u>
C87*	Inborn Errors of Metabolism: gene	Ι	III
207	mutations or gene deletions that alter	1	
(351)	metabolism in the body. Including:		
(881)	 phenylketonuria (PKU) 		
	 maple syrup urine disease 		
	galactosemia		
	homocystinuria		
	tyrosinemia		
	histidinemia		
	urea cycle disorders		
	glutaric aciduria		
	methylmalonic acidemia		
	glycogen storage disease		
	galactokinase deficiency		
	fructoaldolase deficiency		
	propionic acidemia		
	hypermethioninemia		
	medium-chain acyl-CoA dehydrogenase		
	(MCAD)		
C89*	Food Allergies: an adverse immune	Ι	III
	response to a food or a hypersensitivity		
(353)	that causes adverse immunologic		
	reaction.		
C90*	Infant Born of Woman with Mental	I	N/A
(703)	Retardation or Developmental Delay		
C91	Homeless:	IV	V
	An infant, or child who lacks a fixed and		
(801)	regular nighttime residence; or whose primary nighttime residence is:		
	 a supervised publicly or privately operated 		
	shelter (including a welfare hotel, a		
	congregate shelter, or a shelter for victims		
	of domestic violence) designed to provide temporary living accommodations;		
	 an institution that provides a temporary 		
	residence for individuals intended to be		
	institutionalized;		
	a temporary accommodation of not more		
	than 365 days in the residence of another individual; or		
	 a public or private place not designed for, 		
	or ordinarily used as, a regular sleeping		
	accommodation for human beings.		

^{*}Condition diagnosed by a physician as self-reported by the applicant/participant/caregiver

ISIS CODE AND (USDA CODE)	INDICATOR OF NUTRITIONAL NEED AND DEFINITION	PRIORITY FOR INFANTS	Priority for Children
C93 (901)	Recipient of Abuse/Neglect within past 6 months (includes any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm or exploitation of an infant or child by a parent or caregiver) State law requires the reporting of known or suspected child abuse or neglect. WIC staff must release such information to appropriate State officials. WIC laws pertaining to confidentiality do not take precedence over such State law. Refer to WPM Section 150-40.4 for reporting procedures.	IV	V
C98 (802)	Migrant: Eligible infants and children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.	IV	V
C99 (903)	 Entering Foster Care: entering foster care system within past 6 months, or moving from one foster care home to another in the past 6 months. This nutritional risk cannot be used for consecutive certifications while the child remains in the same foster home. It should be used as a sole risk only if careful assessment of the of the applicant's nutritional status indicates that no other risks based on anthropometric, medical, or nutritional risk criteria can be identified. 	IV	V

ISIS CODE	INDICATOR OF NUTRITIONAL NEED	PRIORITY FOR	PRIORITY FOR
AND	AND DEFINITION	INFANTS	CHILDREN
(USDA CODE)			
C100*	Nutrient Deficiency Diseases:	Ι	III
	diagnosis of a nutritional deficiency or		
(341)	a disease caused by insufficient dietary		
	intake of macro and micro nutrients.		
	These include but are not limited to:		
	Protein Energy Malnutrition (PEM)		
	• Scurvy		
	• Rickets		
	Beri Beri Urmagalagmia		
	HypocalcemiaOsteomalacia		
	Vitamin K Deficiency		
	Pellagra		
	Cheilosis		
	Menkes Disease		
	Xerophthalmia.		
C101*	Pyloric Stenosis:	I	N/A
	gastrointestinal obstruction with		
(350)	abnormal gastrointestinal function		
	affecting nutritional status		
C102*	Thyroid Disorders:	I	III
	hypothyroid or hyperthyroid conditions		
(344)			
C104*	Hypoglycemia	I	III
(356)			
C107	Drug Nutrient Interactions:	I	III
	use of prescription or over-the-counter drugs or		
(357)	medications that have been shown to interfere with nutrient intake or utilization, to an extent		
	that nutritional status is compromised		
C108	Inadequate Vitamin/Mineral	IV	V
	Supplementation (e.g., participant not		
(424)	routinely taking dietary supplement recognized		
,	as essential by national public health policy		
	makers because diet alone cannot meet nutrient		
	requirements, such as: infants ≥ 6 months and children ≤ 36 months not taking 0.25 mg of		
	children < 36 months not taking 0.25 mg of fluoride daily when their water supply contains		
	less than 0.3 ppm of fluoride); When the water		
	supply contains <0.3-0.6 ppm fluoride and:		
	Children 36-72 months not taking 0.25 mg		
	fluoride daily).		

ISIS CODE AND (USDA CODE)	INDICATOR OF NUTRITIONAL NEED AND DEFINITION	PRIORITY FOR INFANTS	PRIORITY FOR CHILDREN
C109	Inappropriate or Excessive Intake of	IV	V
(423)	Dietary Supplements including vitamins, minerals and herbal remedies (e.g., routine ingestion of unprescribed excessive or toxic: multi or single vitamins, mineral doses, or herbal remedies)		
C110*	Failure to Thrive	Ι	III
(134)			
C111*	Lactose Intolerance: insufficient	I	III
(355)	production of the enzyme lactase which causes an inability to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: • nausea • diarrhea • abdominal bloating • cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe. Note: May use the participant's self reported diagnosis from their physician or symptoms may be well documented by the CPA. Documentation should indicate that the ingestion of dairy products causes the above symptoms and the avoidance of such dairy products eliminates them.		
C113*	Depression	N/A	III
(361)			

ISIS CODE AND (USDA CODE)	INDICATOR OF NUTRITIONAL NEED AND DEFINITION	PRIORITY FOR INFANTS	PRIORITY FOR CHILDREN
C117 (421)	Pica: current or recent craving for or ingestion of nonfood items including but not limited to: • clay • starch (laundry or corn) • dirt • ashes • paint chips • baking soda. (excluding large quantities of ice)	N/A	V
C118 (421)	Pica: eating large quantities of ice	N/A	V
C121 (902)	 Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food. Examples may include individuals who are: ≤ 17 years of age mentally disabled/delayed and/or have a mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) 	IV	V
C122*	 Physically disabled to a degree which restricts or limits food preparation abilities currently using or having a history of abusing alcohol or other drugs. 	T	III
C122* (360)	Persistent Asthma (moderate or severe): current condition requiring daily medications and severe enough to affect nutritional status	I	III
C123* (360)	Other Medical Diseases or Conditions with nutritional implications that are severe enough to affect nutritional status. Includes: • juvenile rheumatoid arthritis • lupus erythematosus	I	III

ISIS CODE AND (USDA CODE)	INDICATOR OF NUTRITIONAL NEED AND DEFINITION	PRIORITY FOR INFANTS	PRIORITY FOR CHILDREN
C201 (603)	Breastfed Infant with Suck Problems: ineffective or weak suck	I	N/A
C204	Jaundice While Breastfeeding	I	N/A
(603)			
C209	Infant with Difficulty Latching onto Mother's Breast	I	N/A
(603)			
C210	Infrequent Breastfeeding as Sole Source of Nutrients for exclusively	IV	N/A
(418)	 breastfed infants (not consuming solids) who are routinely taking: <8 feedings in 24 hrs if <2 months, or <6 feedings in 24 hrs if ≥2 months. 		
N32 (702)	Breastfeeding Infant of Woman at Nutritional Risk	I, II, or IV Both the breastfeeding woman and her breastfed infant must be assigned the same, highest priority for which either is eligible.	N/A
N40	Infant Born to Woman on WIC During Pregnancy	II only for infants	N/A
(701)		< 6 months	
N41	Infant Born to WIC Eligible Woman During Her Pregnancy	II only for infants	N/A
(701)		< 6 months	